

DEPARTMENT OF HEALTH AND HUMAN SERVICES**PERSONAL PROPERTY - LOAN RECORD**

LENDING AGENCY'S NAME, ORGANIZATION AND ADDRESS		CUSTODIAL POINT CODE	ACCOUNTABLE AREA CODE		DATE
BORROWER'S NAME AND ADDRESS (Institution, Organization or Individual)		LOAN PERIOD _____ SIX MONTHS _____ ONE YEAR			
STOCK NUMBER	DESCRIPTION (prop., no. Mfg., Ser. No., Model no.)	UNIT	QUANTITY	VALUE	COND.
SIGNATURE OF CUSTODIAL OFFICER:		DATE:			
SIGNATURE OF CUSTODIAL OFFICER:		DATE:			
SIGNATURE OF APPROVING OPERATING AGENCY HEAD:		DATE:			

I hereby certify that the necessary records have been established and appropriate annotations have been made on the inventory records to maintain control of property by location.

Signature of Accountable Officer

Date

The property is hereby loaned for official use for the period commencing _____ and ending _____, unless terminated at an earlier date. The borrower agrees to be responsible for any damages and/or repairs necessary as the result of usage, prior to return of property. All transportation costs incident to delivery or return of property will be at the borrower's expense. Justification for loan must be attached to this record. The signature of the borrower indicates his acceptance of the property under the terms cited above and those contained in HHS MM § 103-27.56.

Signature of Borrower

Date